

Investment in Mental Health Wellness Act of 2013

Senate Bill 82



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Overview of SB 82

- › In June of 2013, Governor Jerry Brown signed the Investment in Mental Health Wellness Act of 2013 into law.
- › Establishes new grant opportunities that funds California counties or their nonprofit/public agency designates to develop mental health crisis support programs.
- › Provides \$142.5 million in capital funding and \$6.8 million for mobile crisis support teams to increase the capacity for client services, crisis intervention and stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams.
- › The California Health Facilities Financing Authority (CHFFA) will support capital improvement, expansion and limited start-up costs. The County of Los Angeles, along with Tri-City Mental Health Authority is eligible for \$40 million of these funds including an additional \$1.9 million for mobile crisis support teams.

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Proposed Programs

- › **Urgent Care Centers (UCCs)**—Provide short-term (23 hour), crisis intervention services to individuals 13 years and older who would otherwise be taken to or access care in emergency rooms.
- › DMH currently utilizes four adult urgent care centers:
- › Olive View—SA2
- › Eastside Exodus Urgent Care Center—SA 4
- › Westside Exodus Urgent Care Center—SA5
- › La Casa Mental Health Urgent Care Center—SA8

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Proposed Programs Continued

- › Five new UCCs would be added to be located on the campus of Harbor UCLA Medical Center, Service Area 7, the Antelope Valley, the greater Hollywood area, and Service Area 3.
- › A UCC at Martin Luther King, Jr. Medical Center is also scheduled to open early 2014.

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Proposed Programs Continued

- › **Crisis Residential Programs**—Each program serves 10-12 persons for an average of 10-14 days. This program provides immediate, structured housing and supportive mental health services, most frequently as an alternative to extended acute psychiatric hospitalizations.
- › DMH currently funds three crisis residential programs:
- › Hillview Crisis Residential Program—SA 2
- › Didi Hirsch Excelsior House—SA 8
- › Didi Hirsch Jump Street—SA5
- › DMH proposes to increase crisis residential bed capacity by 160 beds countywide through the development of approximately 10-15 new crisis residential programs.

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Proposed Programs Continued

- › **Mobile Crisis Support**—DMH operates a psychiatric mobile emergency response system twenty-four hours per day, seven days per week. The Emergency Outreach Bureau has several programs that provide field response services including Psychiatric Mobile Response Teams (PMRT), Law Enforcement Teams (LET), School Threat Assessment and Response Team (START), and Homeless Outreach Mobile Engagement (HOME).
- › The \$1.9 million for mobile crisis support teams will expand the field response operations personnel. In addition, there is a total of \$500,000 to be used for the purchase of vehicles for these teams.

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Evaluation Criteria

- › CHFFA will evaluate an applicant's ability to meet the following criteria:
- › Project expands access to and capacity for community based mental health crisis services that offer relevant alternatives to hospitalization and incarceration.
- › Application demonstrates a clear plan for a continuum of care before, during, and after crisis mental health intervention or treatment and for collaboration and integration with other health systems, social services, and law enforcement.
- › Identifies key outcomes and a plan for measuring them.
- › Project is feasible, sustainable and ready or will be feasible, sustainable and ready within six months of the Final Allocation.

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QUESTIONS?



Additional information: <http://www.treasurer.ca.gov>

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